Case 23-12875-JDW Doc 4 Filed 09/18/23 Entered 09/18/23 11:47:40 Desc Main Page 1 of 6 Document Fill in this information to identify your case: Debtor 1 **Nathaniel Hampton** Full Name (First, Middle, Last) Debtor 2 (Spouse, if filing) Full Name (First, Middle, Last) NORTHERN DISTRICT OF United States Bankruptcy Court for the **MISSISSIPPI** Check if this is an amended plan, and list below the sections of the plan that have been changed. Case number: (If known) **Chapter 13 Plan and Motions for Valuation and Lien Avoidance** 12/17 Part 1: Notices To Debtors: This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable. The treatment of ALL secured and priority debts must be provided for in this plan. In the following notice to creditors, you must check each box that applies **To Creditors:** Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one. If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation on or before the objection deadline announced in Part 9 of the Notice of Chapter 13 Bankruptcy Case (Official Form 3091). The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. The plan does not allow claims. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The following matters may be of particular importance. Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan. A limit on the amount of a secured claim, set out in Section 3.2, which may result in 1.1 ✓ Included Not Included a partial payment or no payment at all to the secured creditor 1.2 Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, Included ✓ Not Included set out in Section 3.4. 1.3 Nonstandard provisions, set out in Part 8. **✓** Included Not Included Part 2: Plan Payments and Length of Plan 2.1 Length of Plan. The plan period shall be for a period of 60 months, not to be less than 36 months or less than 60 months for above median income debtor(s). If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan. 2.2 Debtor(s) will make payments to the trustee as follows:

the court, an Order directing payment shall be issued to the debtor's employer at the following address: The Edelbrock Group

\$270.50 (monthly, semi-monthly, weekly, or bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by

The Edelbrock Group
8649 Hacks Cross Rd
Olive Branch MS 38654-0000

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Debtor		Nathaniel Hampton	n			Case numb	er
			nly, semi-monthly, lbe issued to the joint de				pter 13 trustee. Unless otherwise ordered by the ress:
2.3	Incom	ne tax returns/refunds	5.				
	Check ✓	all that apply Debtor(s) will retain	n any exempt income tax	x refunds rece	ived during	the plan terr	n.
			oly the trustee with a cop over to the trustee all no				ng the plan term within 14 days of filing the d during the plan term.
		Debtor(s) will treat	income refunds as follo	ws:			
	tional _] k one.	payments.					
Chec	√ one.	None. If "None" is	checked, the rest of § 2.	4 need not be	completed o	or reproduce	ed.
Part 3:	Treat	tment of Secured Clai	ims				
3.1(a) -NO NE-	Nor Prin 1322	ncipal Residence Mort 2(b)(5) shall be schedu m filed by the mortgag	led below. Absent an ob	cured debt wh	ich is to be	maintained a	and cured under the plan pursuant to 11 U.S.C. § will be amended consistent with the proof of mortgage payment proposed herein.
Beginni	ng		@	Plan	Direct.	Includ	les escrow Yes No
-NO NE-	Mtg arre	ears to		Throu	igh		
3.1(b) Property	t 1 7 -NO	U.S.C. § 1322(b)(5) sha	all be scheduled below.	Absent an obj or, subject to the	ection by a part date	party in inter	intained and cured under the plan pursuant to 11 rest, the plan will be amended consistent with inuing monthly mortgage payment proposed
Mtg pm Beginnin		onth	@	P	lan	Direct.	Includes escrow Yes No
				Through	ı		
3.1(c)			e paid in full over the plot of claim filed by the n			ction by a pa	arty in interest, the plan will be amended
Creditor	: Va	nderbilt Mortgage	Approx. amt. due:		\$18,299.76	Int. Rate*:	7.00%
Property	Addre	SS: 532 Whites Cro	ossing Holly Springs	s, MS 38635	Marshall	_	
Principa	l Balan	ce to be paid with inter		\$18,299.76			
			oof of Claim Attachmen	nt)			
		n to be paid without int Debt less Principal Ba					
,—1	5001		·· · - /				

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Debtor _	Nathaniel Hampton		Case number					
	r taxes/insurance: \$ 4 of the Mortgage Proof of		onth, beginning	October	2023			
* Unless otherwise of Insert additional		erest rate shall be the current T	fill rate in this Di	strict				
3.2 Motion	for valuation of security,	payment of fully secured cla	f fully secured claims, and modification of undersecured claims. Check one					
		ed, the rest of § 3.2 need not b ragraph will be effective only			I of this plan is checked.			
V	Pursuant to Bankruptcy Rule 3012, for purposes of 11 U.S.C. § 506(a) and § 1325(a)(5) and for purposes of determination of the amounts to be distributed to holders of secured claims, debtor(s) hereby move(s) the court to value the collateral described below at the lesser of any value set forth below or any value set forth in the proof of claim. Any objection to valuation shall be filed on or before the objection deadline announced in Part 9 of the Notice of Chapter 13 Bankruptcy Case (Official Form 309I).							
	of this plan. If the amount treated in its entirety as ar	d claim that exceeds the amou of a creditor's secured claim is unsecured claim under Part 5 d on the proof of claim control	is listed below as of this plan. Unl	having no va ess otherwise	alue, the creditor's allowed e ordered by the court, the	d claim will be		
Name of credito	or Estimated amount of creditor's total claim #	Collateral	Value of c	collateral	Amount of secured claim	Interest rate*		
Community Choice Financial	\$500.00	2003 Buick Lesabre 287000 miles	\$1,0	00.00	\$500.00	7.00%		
Insert additional	claims as needed.							
#For mobile home	es and real estate identified	in § 3.2: Special Claim for tax	es/insurance:					
Name o	of creditor	Collateral	Amount	per month	Begin	nning		
* Unless otherwis	se ordered by the court, the i	nterest rate shall be the curren	t Till rate in this	District				
For vehicles ider	ntified in § 3.2: The current	mileage is						
3.3 Secure	d claims excluded from 11	U.S.C. § 506.						
Check one. □ ✓	None. If "None" is check The claims listed below w	ed, the rest of § 3.3 need not b vere either:	e completed or re	eproduced.				
		ays before the petition date and nal use of the debtor(s), or	l secured by a pur	rchase mone	y security interest in a mor	tor vehicle		
	(2) incurred within 1 year	of the petition date and secure	ed by a purchase	money secur	ity interest in any other thi	ing of value.		
	claim amount stated on a	in full under the plan with inte proof of claim filed before the low. In the absence of a contra	filing deadline u	nder Bankruj	ptcy Rule 3002(c) controls	s over any		
	ne of Creditor ance Corporation	Collat 2017 Ford Focus 185987			Amount of claim \$24,000.00	Interest rate* 7.00%		

*Unless otherwise ordered by the court, the interest rate shall be the current Till rate in this District.

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Debtor	Nathaniel Hampton	Case number					
3.4	Motion to avoid lien pursuant to 11 U.	S.C. § 522.					
Check or	ne.						
	None. If "None" is checked, th	e rest of § 3.4 need not be completed or reproduced.					
3.5	Surrender of collateral.						
	Check one. None. If "None" is checked, the	re rest of § 3.5 need not be completed or reproduced.					
Part 4:	Treatment of Fees and Priority Claim	ıs					
4.1	General Trustee's fees and all allowed priority clubithout postpetition interest.	aims, including domestic support obligations other than those treated in § 4.5, will be paid in full					
4.2	Trustee's fees Trustee's fees are governed by statute an	nd may change during the course of the case.					
4.3	Attorney's fees.						
	✓ No look fee: 4,000.00						
	Total attorney fee charged:	\$4,000.00					
	Attorney fee previously paid:	\$437.00					
	Attorney fee to be paid in plan per confirmation order:	\$3,563.00					
	Hourly fee: \$ (Subject to appro	oval of Fee Application.)					
4.4	Priority claims other than attorney's f	ees and those treated in § 4.5.					
	Check one. None. If "None" is checked, the Internal Revenue Service	e rest of § 4.4 need not be completed or reproduced. \$717.00					
	✓ Mississippi Dept. of Revenue	\$242.00					
	Other						
4.5	Domestic support obligations.						
	None. If "None" is checked, th	e rest of § 4.5 need not be completed or reproduced.					
Part 5:	Treatment of Nonpriority Unsecured	Claims					
5.1	Nonpriority unsecured claims not sepa	urately classified.					
⋠	providing the largest payment will be eff The sum of \$ 10,032.48						
	% of the total amount of these claims, an estimated payment of \$ The funds remaining after disbursements have been made to all other creditors provided for in this plan.						
	Ted (ed 11 ()						
		dated under chapter 7, nonpriority unsecured claims would be paid approximately \$0.00					

Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

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City, State, and Zip Code

Address

532 Whites Crossing

City, State, and Zip Code

Holly Springs MS 38635-0000

Address

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De	btor Nathaniel Hampton	Case number	
	Telephone Number	Telephone Number	
X	/s/ Robert H. Lomenick	Date September 11, 2023	
	Robert H. Lomenick 104186		
	Signature of Attorney for Debtor(s)		
	126 North Spring Street		
	Post Office Box 417		
	Holly Springs, MS 38635	<u></u>	
	Address, City, State, and Zip Code	404400 110	
	662-252-3224	104186 MS	
	Telephone Number	MS Bar Number	
	rlomenick@gmail.com		
	Email Address		